

**NMFS FISHERIES OBSERVER PROGRAM
TRIP DATA RELEASE FORM**

Request Date _____/_____/_____

Observer Trip ID # _____

Vessel Name _____

USCG Doc # _____

Date Landed _____/_____/_____

PRINT Name_____
SignaturePRINT Mailing Address:☐ Captain☐ Owner

Copies Released By: _____ Date _____ Edited? Yes___ No___
(For NMFS Office Use)

▼ TEAR AT PERFORATION AND RETAIN BELOW SECTION FOR YOUR RECORDS ▼

The data you receive may be preliminary and not yet completely reviewed.

Observer Trip ID # _____

Date Requested _____

Mail Request To:Questions or Comments:

Chief, Fisheries Sampling Branch
National Marine Fisheries Service
Northeast Fisheries Science Center
166 Water Street
Woods Hole, MA 02543-1097

Patricia Yoos
508-495-2338